

RECORD OF INJURY					
(TRADOC Reg 385-2; proponent agency is Command Safety)					
One Copy to Hospital <input type="checkbox"/>		One Copy to Unit <input type="checkbox"/>		One Copy to Installation Safety Office <input type="checkbox"/>	
SECTION I - To be completed by supervisor and delivered by patient, if possible, to Dispensary or First Aid Station					
LAST NAME FIRST NAME MIDDLE INITIAL (Person injured)				GRADE	AGE
OCCUPATION OR DUTY WHEN INJURY OCCURRED	INJURY		RETURN TO DUTY		EXACT LOCATION WHERE OCCURRED
	HOUR	DATE	HOUR	DATE	
HOW INJURY OCCURRED (exactly what injured was doing and what caused the injury)					
UNIT OR ORGANIZATION TELEPHONE			NAME OF SUPERVISOR, MILITARY OR CIVILIAN (Print or type)		
SECTION II - To be completed by Medical Officer/attendant for information of the supervisor and others, as appropriate.					
NATURE AND EXTENT OF INJURY OR OCCUPATIONAL ILLNESS					
DISPOSITION (Check one)					
		<input type="checkbox"/> RETURN TO REGULAR DUTY		<input type="checkbox"/> RETURN TO WORK OF LIGHT NATURE	
		<input type="checkbox"/> HOSPITAL		<input type="checkbox"/> OTHER	
ESTIMATED ABSENCE IN DAYS BEYOND DAY ON WHICH INJURY OCCURRED		NAME OF MEDICAL OFFICER OR ATTENDANT (Print or type)			TELEPHONE